

Virginia Department for the Blind and Vision Impaired
397 Azalea Avenue
Richmond, Virginia 23227

ORIENTATION AND MOBILITY PERMISSION FORM

_____^①_____
Name of Child

_____^②_____
School Division

_____^③_____
Orientation & Mobility Specialist

_____^④_____
O&M Specialist's Telephone No.

I hereby authorize the above named Virginia Department for the Blind and Vision Impaired Orientation and Mobility (O&M) Specialist to provide O&M evaluations and, if appropriate, subsequent O&M services to my child. I understand that the evaluations may include, but not be limited to, a functional vision evaluation and formal/informal testing/observation of the child's travel ability in various environments (e.g., home, school, residential, business and shopping areas) that are deemed necessary by the O&M Specialist to appropriately evaluate and instruct the child.

Further, I give permission for my child to be transported by the O&M Specialist from school, home, or grounds for the purpose of providing these O&M evaluations and services. The method of transportation may be via State vehicle, the employee's personal car or public transportation.

This permission will be in effect from _____^⑤_____ to _____
unless I notify the Department for the Blind and Vision Impaired in writing.

_____^⑥_____
Signature of Parent/Legal Guardian

_____^⑥_____
Date

_____^⑦_____
Printed Name of Parent/Legal Guardian

_____^⑧_____
Relationship to Child

^⑨

<input type="checkbox"/> Bristol Regional Office 111 Commonwealth Ave., Suite 200 Bristol, VA 24201 (276) 642-7300	<input type="checkbox"/> Fairfax Regional Office 11150 Main Street, Suite 502 Fairfax, Virginia 22030 703-359-1100	<input type="checkbox"/> Norfolk Regional Office 5505 Robin Hood Rd., Suite F Norfolk, VA 23513 (757) 858-6724
<input type="checkbox"/> Richmond Regional Office 397 Azalea Ave. Richmond, VA 23227 (804) 371-3353	<input type="checkbox"/> Roanoke Regional Office 210 Church Ave., SW, Suite 308 Roanoke, VA 24011 (540) 857-7122	<input type="checkbox"/> Staunton Regional Office 620 East Beverly Street Staunton, VA 24401 (540) 332-7729

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ORIG: DBVI Client File

2nd: Parent/Legal Guardian

3rd: School Division

ORIENTATION AND MOBILITY PERMISSION FORM

Instructions

For school age students, the O&M specialist must have the parent/legal guardian's permission to provide O&M services to their child prior to O&M evaluations and instruction. This permission is formalized and documented using the **O&M Permission Form**.

Procedure:

The O&M specialist explains the agency's O&M services to the child and their parent(s)/legal guardian(s),

The O&M specialist enters the **Name of Child** ① and **School Division** ② on the lines indicated at the top of the form.

The **Orientation & Mobility Specialist** prints his/her own name ③ and Telephone Number ④ on the lines indicated at the top of the form.

The parent and O&M specialist agree upon the length of time that this permission form is in effect. The **beginning and ending dates** of permission are entered onto line ⑤.

The parent/legal guardian who is giving their permission for O&M services signs the form on the **Signature of Parent/Legal Guardian** line ⑥, prints their name on the **Printed Name of Parent/Legal Guardian** ⑦ and indicates their **Relationship to Child** ⑧ (mother, father or legal guardian).

The O&M specialist checks (✓) their regional office address box ⑨ at the bottom of the form.

The original copy of the form is filed in the O&M section of the child's DBVI central file and copies are mailed to the parent and school division ⑩.